

Indiana State Department of Health

|   |   |  |  |  |
|---|---|--|--|--|
| STATEMENT OF DEFICIENCIES<br>AND PLAN OF CORRECTION                                   |   | (X1) PROVIDER/SUPPLIER/CLIA<br>IDENTIFICATION NUMBER:<br><br><b>005089</b>                   | (X2) MULTIPLE CONSTRUCTION<br>A. BUILDING _____<br>B. WING _____   | (X3) DATE SURVEY<br>COMPLETED<br><br><b>09/10/2012</b> |
| NAME OF PROVIDER OR SUPPLIER<br><br><b>ST MARY'S MEDICAL CENTER OF EVANSVILLE INC</b> |   | STREET ADDRESS, CITY, STATE, ZIP CODE<br><b>3700 WASHINGTON AVE<br/>EVANSVILLE, IN 47750</b> |  |  |
| (X4) ID<br>PREFIX<br>TAG  | SUMMARY STATEMENT OF DEFICIENCIES<br>(EACH DEFICIENCY MUST BE PRECEDED BY FULL<br>REGULATORY OR LSC IDENTIFYING INFORMATION)  | ID<br>PREFIX<br>TAG  | PROVIDER'S PLAN OF CORRECTION<br>(EACH CORRECTIVE ACTION SHOULD BE<br>CROSS-REFERENCED TO THE APPROPRIATE<br>DEFICIENCY) | (X5)<br>COMPLETE<br>DATE                               |
| S 000   | <p>INITIAL COMMENTS</p> <p>This visit was for the investigation of one (1) State complaint.</p> <p>Complaint number: IN00106447<br/>Substantiated: No deficiencies cited</p> <p>Date of survey: 09-10-12</p> <p>Facility number: 005089</p> <p>Surveyor: Jennifer Hembree, RN<br/>Public Health Nurse Surveyor</p> <p>St. Mary's Medical Center of Evansville is in compliance with 410 IAC 15-1.5-5, Medical staff and 410 IAC 15-1.5-8, Physical plant, maintenance, and environmental services, Hospital Licesure Rules.</p> <p>QA: claughlin 09/18/12</p> | S 000  |  |  |

Indiana State Department of Health

TITLE

(X6) DATE

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

STATE FORM

6899

IDDD11

If continuation sheet 1 of 1